

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16228**
Registrar's No. **73**

Registration District No. **360**

Primary Registration District No. **3076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five Days
In this community 44 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Sheldon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James J. Darling

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose A. Alice Darling 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Dec. 31 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Tinn Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Stephen Darling New York

13. Birthplace New York (City, town, or county) (State or foreign country)

14. Maiden name Amanda Lee

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet Kabler

(b) Address Sheldon, Mo.

17. (a) Burial (b) Date thereof 5 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon

18. (a) Signature of funeral director L. Gerald Beeny

(b) Address Sheldon, Mo.

19. (a) 5-8-47 (b) Walter Jancey
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1947 hour 09 minute 45 M.
21. I hereby certify that I attended the deceased from May 1, 1947
to May 5, 1947
that I last saw him alive on May 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis, acute Duration 17 hrs

Due to Atherosclerosis

Due to _____

Other conditions Cystitis, Chronic
(Include pregnancy within _____ months of death)

Major findings: _____
Of operations _____

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Maurice Davis M.D. (M.D. or other)

Address Sheldon, Mo. Date signed 5/7/47

Date Filed 5-14-47
District File Number 47-5060
District Health Officer No. 7
RECEIVED

APR 30 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. Gerald Beeny
Licensed Embalmer No. 4203
P. O. Address Sheldon Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.